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Special Instructions to	Filing Officer:	

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13 JUNI -7 PM 3: 03
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Kelly Healthcare Consulting, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	

M:	Jeanne Kelly
	Name (Printed or typed)
	12051 Brassie Circle #201
	Address
	Fort Myers FL 33913
	City, State & Zip
	561-704-3935
	Daytime Telephone number
	kelly.jeannie@gmail.com
	E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

LE II PR	INCIPAL OFFICE Principal street address	Mailing address	13 JUN - 7 PM
51 Brass	sie Circle #201	waring actions,	TATELAHASSEE FL
Myers F	FL 33913		
LE III PUR pose for which	PPOSE the corporation is organized is:	de healthcare consu	ılting services
			
LE IV SH 2 ber of shares of	ures stock is:		
	ARES stock is: 100		
LE V INI			
LE V INI	TIAL OFFICERS AND/OR DIRECTORS Jeanne Kelly, President		
LE V INI	TIAL OFFICERS AND/OR DIRECTORS Jeanne Kelly, President	Name and Title:	
LE V INI	Jeanne Kelly, President 12051 Brassie Circle #201	Name and Title:	
Name and Title Address	Jeanne Kelly, President 12051 Brassie Circle #201 Fort Myers FL 33913	Name and Title:	
Name and Title Address	Jeanne Kelly, President 12051 Brassie Circle #201 Fort Myers FL 33913	Name and Title: Address: Name and Title:	
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6/5/13

Date

Name and Ti	tle:	Name and Title:	SEPRET. PH 3: 03
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
			
	EGISTERED AGENT		
The <u>name and Florid</u>	a street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	eanne Kelly		
Address: 1	2051 Brassie Circle #201		
F	ort Myers FL 33913		
	CORPORATOR s of the Incorporator is:		
Name:	Jeanne Kelly		
Address:	12051 Brassie Circle #201		
	Fort Myers FL 33913		
Article VIII Having been named a this certificate, I am fa	EHECTIVE DOJE: 6516 is registered agent to accept service of process; amiliar with and accept the appointment as regi	3 for the above stated corpo stered agent and agree to	oration at the place designated in act in this capacity
Planne	Kelly		6/5/13
U	Required Signature/Registered Agent		Date
I submit this documen document to the Depa	nt and affirm that the facts stated herein are to rtment of State constitutes a third degree felony	rue. I am aware that the as provided for in s.817.1	false information submitted in a